Submit 3 Copies State of New Mexico Form C-103 Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-33393 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATEX DISTRICT III FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. E1587 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Lea AQ State WEIT X 2. Name of Operator 8. Well No. Matador Operating Company 3. Address of Operator 9. Pool name or Wildcat 415 W. Wall, Ste 1101, Midland, TX 79701 Pearl San Andres, West 4. Well Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West 198 Township 35E Range **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3743' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING . TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed MIRU Norton Drilling Co. Rig #12. Spud 12-1/4" hole @ 6:30 AM 4-30-96. Drill 12-1/4" hole to 447' KB. Ran 10 jts 8-5/8", 24#, J-55 ST&C casing, tally 451.07', set @ 447.07' KB. Halliburton Services cemented w/ 280 sx Class H, 2% CaCl2. PD @ 2:30 PM 4-30-96. Circulate 118 sx cement to surface. Release to float, held OK. WOC 12 hrs, weld on 8-5/8" x 5-1/2" 3000 psi csg head. NU BOP. Test BOP to 1500 psi, holds OK.

I hereby certify that the information above is true anticomplete to the best of my knowledge and belief.	
SKNATURE Operations Manager	DATE 5-6-96
TYPEORPRINT NAME R. F. Burke	214-373-8795 TELEPHONE NO.
(This space for State Use)	
ORIGINAL SIGNED BY JERRY SEXTON  ATTROVED BY DISTRICT I SUPERVISOR  CONDITIONS OF ATTROVAL IF ANY	DATE

